

## C. SOCIAL WORK

### Social Worker 1

Social Worker 1 commenced working in the Carsegate Team in 1999. The Carsegate Team at that time was described as well staffed. Social Workers felt really supported within their initial year of employment. Around that time, the Social Worker managed caseloads, was able to be quite proactive, give clients holistic care and have contact with schools. Liaising with various agencies at that point, "felt manageable".

Social Worker 1 then described a point where staff moved and staff were not replaced. In fact, the typical daily routine changed, "quite significantly". (Appendix 5)

Things worsened around mid to end of 2000. By late 2000 into 2001 pressures within the Social Work team increased dramatically. Social Worker 1 expressed the continuing need for "more than induction" for Social Workers, even if they were fully qualified. They needed time allowed for, "bedding in" quite distinct from supervision. The Social Worker clearly stated, "I think there needs to be some structure put in place to support newly qualified Social Workers in the statutory sector". Further information was gleaned regarding general issues such as the level of training available to Social Workers during their degree course. Training on Child Protection was described as, "limited"; a module perhaps spanning a few weeks. Apparently it is similar in the Diploma course. This particular Social Worker was able to attend a "Recognition Course" in Child Protection 6-7 months after entry to post.

Social Worker 1 described a lack of comfort in documenting information on the SSID (Social Services Information Directorate) computer system. Secretaries on the whole would tend to put the information into the computer and this appeared to be on a somewhat ad hoc basis. It was difficult to elicit detailed criteria as to what was logged on computer at that time.

In relation to information sharing, Social Worker 1 believed that inter-agency communication at that stage was reasonably good. On more specific questioning, it was clear that specific issues, for example, eliciting information from Police, on for example an adult who had a criminal conviction, could be problematical. On attempting to elicit the level of Social Worker contacting the appropriate level of Police Officer to glean information, there appeared to be no clear formalised system in operation on a day-to-day basis (despite guidelines issued).

Social Worker 1 reported that his memory was unclear in relation to Danielle regarding the detail of communications in 2001. He referred mainly to documentation, when answering. The Social Worker remembered little in relation to information on Danielle coming through from the Elgin area when requested, but did remember positive information being provided from Health Visitor 1 when contacted.

Social Worker 1 said that Health Visitor 1 had stated, when contacted, that she was aware of the family and that there were family support mechanisms in place such that there were not any real concerns.

Social Worker 1 also reported that again his memory was hazy and reflected that Health Visitor 1 had not actually met with the mother at any time. On questioning how anyone could therefore state that there were no concerns, Social Worker 1 felt this response was in relation to the family support available. Social Worker 1 felt that due to pressure of other work; continuity of this case may have been passed to another Social Worker. When asked if that chain of referral to other Social Workers in the team would be logged, Social Worker 1 replied that it would have stayed, "in the duty baskets until the duty worker at some point picked it up".

In relation to the checking of information which came through on referral to Social Worker 1, he had little memory of the decision making process.

When asked if there were other previous Social Work contacts somewhere else in Social Work archives, Social Worker 1 replied that he did not know. On asking if there was information in relation to the family living in Elgin, Social Worker 1 replied that he did not know, but did have concerns in relation to the subsequent sequence of events especially in hindsight.

On further questioning regarding the anonymous call in November 2001; Social Worker 1 stated that anonymous calls were received quite a lot by their office. He stated, "they are always really difficult to make some sort of value call on..... it is very difficult to validate information". He said Social Workers had to spend too much time fulfilling the system requirements "perhaps I would suggest too much of that energy, which meant there was very little time and space and energy left for actual kids and families.....".

Social Worker 1 said that, because of the increasing difficulties with staffing he had noticed clearly the threshold for Social Work input was gradually going up. Social Worker 1 described the need for, "a prioritisation process" because of limited staff on the ground. When Child Protection Procedures were instigated, priority was given to allocation of a Social Worker. Vulnerable families who were not monitored via formal Child Protection Procedures were therefore not accessing appropriate support.

Social Worker 1 felt there required to be an acknowledgement that the statutory Social Work Department could not cope and there required to be much more openness both in sharing some of the responsibility across agencies but also in getting the voluntary sector much more involved. Social Worker 1 was disappointed in having to move out of Social Work Services as he felt Social Work could still offer a lot and felt that there should be much more holistic training dealing with children and families.

## Social Worker 2

Social Worker 2 worked in the Carsegate office at the time of the initial anonymous phone call in November 2001. Social Worker 2 stated that from around August 2001 the Social Work complement was down to approximately 60% of total and there was probably less communication on an inter-agency basis than currently. Social Worker 2 also made it clear that in 2001 there was no formal training provided on Child Protection Guidelines.

It was stated though that the Social Workers were always able to discuss any Child Protection concerns during supervision with their line manager and also would discuss if a call was taken in relation to a child concern. Social Worker 2 stated that the supervisor would always keep notes as well as the Social Worker and a photocopy of the supervisory notes would be on file as well as in the Social Worker's notes. With regards to logging on computer system in 2001 "we were scrabbling around for computers". When asked how much of hard copy notes would be logged on computer; Social Worker 2 replied, "I wouldn't do it - it's mainly referrals". The Social Worker indicated that two years ago it was very ad hoc, what would be logged on computer.

Social Worker 2 also described how at least by 2003 Health staff would always send a GEN1 (formalised referral form) at the time of making a referral. (In fact when Health staff were questioned about this form many were unaware of it, and certainly did not use it. This may have changed at the end of 2003 with the introduction of the new Child Protection Guidelines, but nevertheless requires to be thoroughly audited throughout Health and Social Work departments).

On questioning of Social Worker 2 about decisions in relation to investigations it was stated that a designated Social Worker, i.e. 'Team Manager' level should always be the one speaking to the designated Police Officer for the Police.

No standardised system for home visits secondary to duty calls, was available around the time of the initial anonymous call to the Carsegate office. By August 2003 there still were no written criteria with regard to timescale for completion of a home visit. Nevertheless, a new duty team had been developed by 2003. Social Worker 2 gave further detail about the new duty system. The system commenced in May 2003 with the plan that new referrals would only be held by the duty team for a period of six weeks. By August 2003 many of those cases had still not been handed on to the long-term workers.

Further information was then obtained from Social Worker 2 with regard to involvement with Lee Gaytor's ex-partner. Lee Gaytor separated from his ex-partner in January/February 2002 and she has a child by him. Allegedly Lee Gaytor was known to be violent to his ex-partner. The Social Worker provided information from Gaytor's ex-partner of how violent he was when she was with him and that she would call the Police.

When Social Worker 2 was questioned further about the number of occasions that Lee Gaytor's ex-partner had contacted the Police she said "on several occasions, yes". Social Worker 2 related, "yes I think it was, she always felt that she wasn't heard". Social Worker 2 could not answer whether it was specialised Police Officers who attended.

Discussion then ensued in relation to standby services and criteria for logging important information on the computer system such that information would be appropriately available to standby. By August 2003 still no guidelines were in place for work that should be considered urgent, important, appropriate or necessary to log on the computer for purposes of awareness of the standby system. It appears that this was left to the discretion of every worker.

One Standby System was operated by all Social Workers in area teams providing a service for Standby at least once per month. It was acceptable for Standby to ring workers at home to glean information (obviously dependant on the workers not being out for the night at a crucial time!). Social Worker 2 did reiterate a marked shortage of Social Workers on the ground. Social Worker 2 also felt other resources were short and when asked to clarify stated "you know resources are so short ..... although we are getting more and more support workers ..... you can see some families heading for crisis and if you can just get the support in ..... but we are so short of the support workers who can just maybe just do a couple of hours...". Social Worker 2 stated relationships with Merkinch Nursery were an example of good practice in terms of supporting families. She also stated that Social Workers now use NCH and Sure Start a lot. She stated that some schools were indeed better to work with than others in terms of supporting families.

### Social Worker 3

Social Worker 3 was the Team Manager at Culloden. When she arrived at the Culloden Area Social Work team in 1997, it was fully staffed and a very experienced team. It had also been a very stable team. One year later approximately, there began a very slow turnover of staff. By around 2001/2002, in fact the team had not been up to full complement for the previous two years.

The current situation (i.e. 2003) was a very much less experienced team, an enormous increase in pressure placed on new Social Workers and Team Managers in the new system. "Social Care Workers" have been established. Their training may be something like HNC for Social Care or SVQ level or perhaps a Degree in Social Sciences but not a Diploma, nor a 'CQSW'. This effectively meant "almost inevitably after a phone call they..... probably just come and run it by you; it's exhausting at times but it's a learning process and it takes 30 seconds". Social Worker 3 reiterated that they had "lost the majority of their experienced staff". It was clear from discussions with Social Worker 3 that not all workers in the new duty teams had Child Protection Training (including Recognition and Response Course). The "Recognition and Response" Child Protection Course lasts one week and is based in Inverness. There was a "big shift" in the experience of that particular Area Services Social Work Team from around October 2002 (see Appendix 6 in relation to staffing levels in 2002 and 2003).

Social Worker 3 stated that around November 2002, one member of Social Work senior management came to the office to look at strategies for supporting staff. One strategy was to ask a Team Manager from another office to cover some of Social Worker 3's cases on the Child Protection Register. In that particular area team around that time they had 21 children on the register. By December 2002 it was down to 15. By January 2003 down to 9 and Social Worker 3 stated "so we were managing to move children off the register" (Appendix 7 in relation to Register figures). The Social Worker spoke highly of her Area Services Manager at that time (now deceased). She stated "he was very supportive, he was out quite often and it was him trying to encourage us to say, yes you can go and get temporary staff in". She stated that... "the idea of the referral officers came from him." When Social Worker 3 was asked, "do you have a lot of vulnerable children, like parents with Mental Health problems, domestic violence issues, do you have a lot of that?" she replied, "yes there's a trend, there's definitely a trend, a common story, this picture."

The staffing in the team at the time of the call regarding Danielle in November 2002 was low. Social Worker 3 agreed that the duty system was under pressure with lots of people having to fill in such that everyone in the team was on the rota at that point and that included trained and non-trained staff. Social Worker 3 described a diary that was kept at the time in the office which contained a lot of cases marked by staff that had been on duty. This included cases which remained unallocated and the cases that had been unable to be reallocated. Contained in the diary were also visits that were planned by workers who were on leave or panels to be covered "so what we had at that stage was an A4 size sheet for each day and in fact we couldn't get a 2002 diary at that point, so from about the summer we had been printing

out a month at a time, a diary sheet and we were just putting in as much as we could, appointments reviews, anything like that, that was just to be shared ..... and that was kept in the basket."

Social Worker 3 confirmed that at the time of the call in November 2002, no contact was made with Police to gather further information. Social Worker 3 said that this is not done on a day-to-day basis. She said that it would not be automatic to ring the Police even if there was an anonymous call; for example when a woman was saying she had been terribly battered by a partner. In Danielle's case from that call onwards the case was not closed. It remained an open and unallocated case. Social Worker 3 further confirmed that the referral re Danielle in November 2002 was never logged on a computer system. She said that there hadn't been as many computers at that time and the main Social Worker involved in the case had not had his computer training. The computer system is called SSID (Social Services Information Directorate). In fact Social Worker 3 stated that the Social Worker commenced work on 4<sup>th</sup> November 2002 and took the call in relation to Danielle on 26<sup>th</sup> November 2002.

## Social Worker 6

Social Worker 6 worked in Social Work Standby Services i.e. Social Work out of hours emergency services. He had not only a managerial but also a participatory role. There was one worker in the office at Inverness at any one time at night and several on call Social Workers who could be called upon if the central worker's assessment required further on the spot help e.g. a home visit. Social Work Standby Services also had access to family support workers in the Inverness area who could support families in specific tasks as long as it was commissioned by a Social Worker and agreed by their managers. Those support workers were used in conjunction with a Social Worker on occasional visits out of hours.

Social Worker 6 reported on average about 30–35 calls out of hours per month in the Inverness area. This was said to be the bulk of the call outs in the Highland area. The cover was provided from 5pm to 9am and at weekends 24 hours per day

On questioning as to how a judgement is made during the night as to whether or not a child is believed to be at immediate risk; the co-ordinator believed that this judgement could only be on the basis of the information received from the people informing them about the situation. This appeared to be mainly on the basis of information given from the referrer rather than an automatic gleaned of information from other sources by set criteria. Contact would always be made with the Police if there was consideration that a "joint investigation" may be required that evening but it appears that calls would not necessarily be made to the Police simply to determine whether they had additional information pertaining to any case. It appears that calls to the Police are made generally when there is a situation of non-accidental injury. On being pressed though, the Social Worker couldn't really think of many cases where they would not ring the Police. For example, in a suspicion of malicious intent by an anonymous caller contact with the Police would usually be made. The Social Worker felt that less than a quarter of the calls were anonymous to their unit (anecdotal).

It was clearly stated by Social Worker 6 that the computer system (2003) was not effective... "because it does not give us out of hours, the kind of information that might assist us to make the judgement about a situation or to form our assessments of situations because it is not routinely used as a recording tool by the organisation other than as a basic information tool". Providing further detail, Social Worker 6 stated that even name, age, date of birth and address could routinely be missing on computer logs. For example basic information on habits of a drug addict mother who perhaps was or is on a high level of methadone with top ups, is not on the computer. Social Worker 6 stated "even when there are notes, and at night we scroll back six months to see where the detailed note is that tells you about a mother being on "x" amount of methadone; you know it is really a laborious chore. What we tend to rely on is that some of the information near the top of the list will be pertinent information to the current and recent situation". Social Worker 6 has for some time been trying to encourage staff to put relevant and pertinent updated information on the SSID system to assist in risk assessments by standby services. Some teams attempt to do this whereas Social Worker 6 said "other teams as I say don't really use that

system". Social Worker 6 went on to say "no, they don't use it in note keeping...it may be on hard copy; well mostly people keep their records on paper form in their office and we don't have access to that paper form of information...". When asked if this meant that Social Work Standby Services essentially often had no information available in order to perform a risk assessment; Social Worker 6 stated "often".

Social Worker 6 confirmed it was imperative to have better I.T. systems and necessary access to manual records. He stated that SSID provides names on the register and whether there have been any previous enquiries. For example one can count that there have been three or four enquiries or instances in the past few months. "They may or may not be written up but at least they can be counted". Even the minutes of case conference decisions made and some form of Child Protection plan is not provided to Social Work Standby.

Social Worker 6 did state that on regular meetings with fellow managers around the Inverness area, people were encouraged to put information on the system. Once again, Social Worker 6 replied "but people don't use the SSID system which is the system we use".

Social Worker 6 confirmed that there is a risk that out with hours Child Protection Orders may not be taken due to lack of appropriate information. In particular this would again mean that appropriate urgent Child Protection action may not be taken.

Social Worker 6 did say that they tend to get quite a lot of ad hoc calls from Social Workers prior to weekends by email, fax or phone, alerting; regarding an evolving crisis over the weekend.

The drop in registrations of children on the Child Protection Register nationally over the years was then discussed. As a major feature of the standby system is to check the register; then without a thorough back up system of information sharing particularly with regard to vulnerable children (often no longer on the register) these evolving Child Protection issues may be missed.

Social Worker 6's view was that thresholds were lower in Highland in terms of identification of the vulnerable compared to some other areas of Scotland. Social Worker 6 was asked directly "is there any standardised risk assessment process in Highland?" His response was "not in the child care field that I'm aware of... its one of these issues that we all talk as a group about assessing risk...but none of us use standardised risk assessments". It was clear that Social Worker 6 had visited other areas in Scotland in an attempt to glean some form of standardised risk assessment process. It was clearly reported that in Highland "it's not systematically done". It was put to Social Worker 6 that there was some ongoing work in risk assessments in the Highland area (as reported to myself at interview by senior management). Social Worker 6 was unaware of that work.

Social Worker 6 reported his perception of pressure on child care workers in Highland was much greater within the last three to four years. Social Worker 6 reported "certainly the pressure is greater on us for

out of hours as a consequence because work is not being done or people not available to talk to clients during the day.....so our business has been up as a consequence and the bulk of our business is child care namely sixty percent, maybe more”.

Social Worker 6 also stated that Social Work Standby cannot access criminal justice information overnight. If someone is a Schedule One Offender or “controversial character” a flag will come up on the SSID system but nothing apart from that (see Appendix 8 in relation to definitions of controversial characters used in the standby system).

On final questioning about whether it was the norm to disturb other workers at home to attempt to glean further information Social Worker 6 stated that often people would be in when called for information but they did also make efforts not to disturb them unnecessarily.

## Social Worker 9

Social Worker 9 had qualified in Sept 2002. She commenced in the Culloden Social Work team on 6<sup>th</sup> November 2002. She did not have any Child Protection training and therefore was not able to be involved in Child Protection cases. Apart from a very brief period in another local authority Highland was her first post. This Social Worker was involved in general duty calls from at least the beginning of Week 3 which apparently meant dealing with any calls that came into the office that "weren't allocated cases". These could have included calls related to Child Protection. When Social Worker 9 was asked how she knew what checks to make and who to call to get information she stated "well the basic check was to check the system, the computer system; to see if they were known". She also related that if it was a young child she would tend to find out who the Health Visitor was and phone the Health Visitor. She confirmed there were no written criteria to assist her in deciding whether a case should be referred on as a Child Protection case.

When asked if she would ever phone the Police directly, the response was "No, but that task would always be performed by a senior Social Worker". Social Worker 9 confirmed that she would not normally phone the Police directly unless they were mentioned in the original referral. In that case she might gather further information from them.

Social Worker 9 talked about the new duty system (introduced May, 2003). Two referral officers (previously called Social Care Workers) and three basic grade Social Workers make up the referral and assessment teams i.e. essentially the "duty teams". These teams are supposed to hold a case for six weeks and then if required it should be passed to an allocated worker. Teething problems were described with the new system, again mainly due to level of demand and staffing issues. In terms of getting information from the Police "well sometimes if its, you know, the Data Protection Act and things; if that's going to be affected, then it can be difficult but on the whole its usually alright". The example she provided was "if a parent was in custody over the weekend and the Social Worker phoned and asked what they were charged with, sometimes the Social Worker would not be provided with that information".

Social Worker 9 accompanied Social Worker 10 on 29 November 2002 when he attempted to make a home visit to Tracy Reid and Danielle.

## Social Worker 10

Social Worker 10 commenced work at the Culloden Social Work Team in November 2002. In terms of training, he had a Social Work degree and as part of that, three previous placements: one in a community welfare setting, one was in a large teaching hospital and one working with Mental Health issues.

Due to the perceived lack of experience of Social Worker 10 in Children and Families work, the Team Manager and Senior Social Worker decided to use him working predominantly on the duty team in the first instance.

Therefore Social Worker 10 spent several months being on duty basically every day and had a very limited long-term caseload. Social Worker 10 had regular supervision with his senior every fortnight for approximately two hours and there was informal supervision on a daily basis. On being questioned in relation to ease or difficulty of obtaining information from other agencies around about November 2002; Social Worker 10 said "there are some schools that are brilliant; some schools were really good; some General Practitioners are really good. General Practitioners are notorious, very difficult to get information from without their client's consent"...and they would want to specifically hear from the clients that they could have permission to do that". Social Worker 10 said, there is the opportunity to ring around other teams and say, "Do you know anything about this? Do you have any files to look at?..... and I don't think we do that enough". Social Worker 10 described blockages to information sharing as well as time constraints preventing appropriate and necessary sharing of information.

Social Worker 10 also described problems with feedback to agencies when information indeed was provided. When questioned in relation to detail in guidelines about information sharing he was asked "Is there much detail in those guidelines about how much information one should share and who one could share it with, consent issues and how one should deal with them or is that left to discretion?" the reply was "We are given the guidelines. You get them when you start the job and then I never got into the habit of going back over them to see if I was doing correct procedures. I took more of an opportunity of sounding out with my supervisor, my senior or my manager". Social Worker 10 was asked about training on the guidelines around November 2002 and replied that "training was very minimal" ..."bordering on non-existent, so the training was basically: this is what you have got to do. This is how you're going to learn. Just get on with it". When questioned about recording referrals on paper documentation and on database, Social Worker 10 stated "there is not an administrative system whereby it is always the administrator or secretary who would log things onto the computer – no". Whether administrative help was provided depended on how busy you were and how busy the admin staff were. This meant that whilst specialist Social Workers were already terribly under strain in November 2002 they were also expected to log data on the computer themselves on numerous occasions. Sometimes training in relation to this process was also delayed. Social Worker 10, on receiving his SSID training, six weeks after coming into post, did attempt to go back over his six weeks of work and his handwritten records to

add any appropriate valuable information onto SSID. Social Worker 10 stated, "I did do that and I was told not to" by someone more senior than himself i.e. a manager. Social Worker 10 stated, "yes, so basically the argument was that it is written, we have a copy of it, you're so busy doing other things that there is no possible way you could do the backlog of six weeks work. As soon as I did my SSID training the expectation was that I would always record from that point onwards. That is brutally honest"...it is something that I was very conscious of and I was uncomfortable with but the reality was I didn't have the time to go back and do it".

Social Worker 10 was then questioned about how he decided whether or not to instigate Child Protection Procedures in any set of circumstances. Those who had not completed the Child Protection Recognition Course were not allowed to do Child Protection work in the Department.

Social Worker 10 was not aware of any guidelines which would have helped him to decide whether he was dealing with a Child Protection case.

On 26<sup>th</sup> November 2002 Culloden Social Work office received a telephone call from family member 3 expressing concern that Danielle was being neglected by her mother and new boyfriend. He alleged that mother and the boyfriend Lee Gaytor were on drugs and not feeding Danielle or taking care of her and that the extended family hadn't seen Danielle for some time. That call was taken by Social Worker 10. It transpires that the call came through late in the afternoon of 26<sup>th</sup> November and in fact it was the first day that Social Worker 10 was on duty by himself (although there was a manager around in the office). There was no other back up duty worker. Social Worker 10 stated it had been a busy afternoon for him. Family member 3 initially asked to be kept anonymous. He did not want to disclose who he was or where he was, which was initially respected. He mentioned Tracy Reid's name and he mentioned Danielle's name. He eventually said, "I am the uncle" but still would not give his name. The Social Worker asked what school the child attended and who was her General Practitioner. Family member 3 was unable to provide any of that information. Social Worker 10 asked if there was someone that he could contact that could give that information. Family member 3 then said "contact (family member 1), and she will be able to tell you". He subsequently gave the Social Worker her phone number. At the end of the phone call Social Worker 10 again asked "what is your name?" and family member 3 disclosed it but said that if Social Work were going to do any follow up he did not want Tracy to know he was the one that made the phone call. Family member 3 apparently stated that these were his concerns and he was leaving it to the Social Worker to decide what to do. That same afternoon, Social Worker 10 rang family member 1. She already knew that family member 3 had been in touch and in fact had asked him to ring because she wasn't keen on doing it herself. She allegedly repeated some of the same concerns that Danielle wasn't going to school and that she was being neglected and she thought Tracy and her new boyfriend were using drugs. She knew the school attended was Crown Primary School and she knew the General Practitioner's practice but also stated she did not want Tracy to know that she had telephoned. Social Worker 10 told her that they would make some phone calls and probably go out on a visit and get back to her afterwards. A form was completed but no information was

entered on computer (as the social worker still had no training on logging on computer by this stage). Nothing else was done that day. He did not consult with his manager.

Next morning Social Worker 10 was on duty again. Social Worker 10 believed he needed to seek clarification from the senior about the next step. Social Worker 10 states that he was not concerned enough the previous afternoon to discuss it with the senior at that time. If he had thought it may be a Child Protection Inquiry he would have gone immediately to the senior. The Social Worker felt this was a case where information gathering required to occur first and then report back to the senior. There was some difficulty in contacting the Head Teacher of the relevant school, Social Worker 10 felt getting information from some Educational establishments was difficult (although there was no indication of this in relation to Danielle's school in particular) even after the period surrounding the call about Danielle. Social Worker 10 was told by the Head Teacher's secretary that day that Danielle was no longer a pupil at the school and stated that "she has not been at school since 9<sup>th</sup> October". It was reported to the Social Worker by the secretary that Tracy had gone in on that day (9<sup>th</sup> October) to the school and had said that she was taking Danielle out of the school and that they were moving to Manchester. Social Worker 10 asked the secretary if there had been any concerns at the time that they were at the school. The secretary replied "no" and that nothing whatsoever suggested to them that she was being neglected or in any danger or anything like that. No enquiry was made by the Social Worker in particular about drug use. Social Worker 10 says it was not until much later that he realised that Danielle had only been a pupil at the school for six weeks, therefore the school would hardly know the family. The Social Worker then tried ringing the General Practitioner and couldn't get through. A message was left at the surgery to return the call as soon as possible. There were several missed phone calls for a period of the following weeks and eventually the Social Worker and General Practitioner spoke together.

The Social Worker spoke with his senior on the 27<sup>th</sup> November having not been able to speak to the General Practitioner to gather further information. The senior suggested that the Social Worker should do a home visit and see if they could meet with the family. That decision was taken on 27<sup>th</sup> November. The home visit was done on the 29<sup>th</sup> November and it was an unannounced visit as there was no phone number for the Social Worker to be able to contact the family. The Social Worker explained that there was a diary in operation in relation to home visits at the time. If it was deemed to be a "Child Protection case" no one bothered with the diary but would simply go straight to a home visit. If it was not deemed "Child Protection" (as in this case) the visit went into the diary and got prioritised according to staffing issues, other people's workloads etc. Social Worker 10 said that they got into the habit of trying to have a visit within a week of a phone call if it was not a Child Protection concern. Visits seem to have been allocated more on the basis of fairness of workload rather than prioritisation of the families' needs due to the shortage of staff. Social Worker 10 agreed that it would be helpful to have clear criteria in relation to prioritisation of visits when it was not deemed to be a Child Protection case. How a non-Child Protection case was prioritised depended on the judgement of the individual worker. He also stated that "there were some families that came back repeatedly onto the duty system because they were unallocated". [Social Worker 10 stated in fact by 2003 the number of staff in the office had doubled.]

At the visit on 29<sup>th</sup> November, the Social Worker could not drive so was dependent on other people chauffeuring, or on taking the bus. Social Worker 9 accompanied Social Worker 10 to the house. Social Worker 10 knocked on the door - there was no one there. On the mailbox there was a name which Social Worker 10 could not remember; but it was not the name Reid. Social Worker 10 assumed that indicated they were at the wrong house so went back to the colleague and said there is a different name on the mailbox. The Social Work colleague stated "They might not have changed it. Just go back". The second Social Worker did not get out of the car but was simply going to wait to see if there was someone in, take off and then come back. Social Worker 10 went back to the door; knocked a couple of times; there was no answer. He looked through the front window and there were no signs of life. They were there for about five minutes. Social Worker 10 wrote a note with his name on it asking for Tracy Reid to contact. This was slipped through the door and he left. Social Worker 10's thoughts at that time were that the school had said the child had moved to Manchester and that Tracy must not be there, "I had gone to do a visit just to make sure they weren't still here". As that was the Friday afternoon, this was not reported back until Monday 2<sup>nd</sup> December. It was the following week that the Social Worker finally spoke with the General Practitioner. The General Practitioner is described by the Social Worker as being helpful in relation to sharing information "she didn't give me a hard time at all like some General Practitioners do". The General Practitioner related that she hardly knew the family and had only seen them twice. They had not been seen since February 2002 when Tracy had taken Danielle for a check up before she started school. The Social Worker then asked if there were concerns in terms of Tracy's appearance. He inferred that he was hinting about the drugs issues but did not actually ask specifically about it. The General Practitioner replied "not at all" and commented that in fact they were extremely attached and loving to one another.

The Danielle case was one of the cases discussed at supervision that week. The case was also discussed with a Manager who had basically decided some one and a half weeks after the call that if it was going to be pursued any further it was the responsibility of Tracy to contact the Social Work department (if she was in town). This was due to Social Work working on the assumption that the family had moved to Manchester and there was no concern by the General Practitioner or School. Social Worker 10 was asked if it was standard practice to call the Police as well. He replied, "it depends.... I would never call the Police if it was never suggested". Social Worker 10 said, "we spend lots of time talking to the Police. Kids get arrested; kids get charged with doing all sorts of things. Family members and the Police have a lot of information they can share with us and they usually do. In this case they were never used as a source". Social Worker 10 was of the view that there were no circumstances to warrant discussing it with the Police. There appears to have been an assumption by Social Work at that time that the information in relation to drug taking "could be rumours, a bit more malicious". This was one of the reasons given for not contacting the Police to gather more information. There were also no previous Social Work archives available on the family apart from the referral of November 2001, which was on the "SSID" computerised system. Apart from looking at the SSID note, no attempt was ever made to retrieve manual records or to contact the other team who had been involved in 2001. Social Worker 10 stated that "...it wasn't like this must be checked in every case it was like ...in some cases

you were pushed to do it but in other cases it was just an idea for you to get confirmation of something...". On being asked whether by 2003 a system had been put in place to ensure checks were made; Social Worker 10 replied "no". Social Worker 10 confirmed that there was no onus in the Inverness area in procedures for Education or Health in ensuring all relevant information was provided and shared with Social Work in relation to vulnerable children. The Social Worker spoke with family member 1 on 16<sup>th</sup> December; some three weeks after the initial phone call. The Social Worker had been requested by the senior or manager to make that phone call the previous week but had never got around to doing it because of other work. It was decided not to contact both family members but just family member 1 because she was the one who gave the most information and had been the most recent contact. It was assumed that family member 1 would pass information onto family member 3. Social Worker 10 also stated "if I had left it for someone else to phone; the chances were it would have taken much longer to get the information and stuff". (This again was an indication of the short staffing around at that time and lack of continuity by an individual in any one case.) Social Worker 10 also stated that the short staffing was further compounded by the holiday period. People were taking holidays, three people were resigning at the end of November "it was just a nightmare time...it was complete chaos, frantic and it was just we didn't know whether we were coming or going with a million things to do and it was very difficult to prioritise the stuff".

When Social Worker 10 spoke to family member 1 on 16<sup>th</sup> December she did not challenge the fact that they were not going to pursue things further. The Social Worker asked family member 1 if the family had left Inverness. He was not allowed to disclose Manchester as a potential destination as it would not have been fair to disclose this if the mother (Tracy) had not wanted family member 1 to know. Family member 1 stated that she had not seen Tracy and Danielle for three or four months and the last time family member 3 would have seen Danielle would have been in October. Family member 1 said that she had made phone contact with Tracy to ask what Tracy wanted her to buy Danielle for Christmas, Tracy had hung up the phone, being very abusive towards family member 1. At that time the relationship between family member 1 and Tracy was very acrimonious. Social Worker 10 stated that family member 1 was known to the Community Care Team ("which was next door to us"). When asked if information was shared between the Community Care Team and the Child Care Team the answer was "it depends". Any information that is on database; can be viewed by both sections. The Social Worker did not look specifically for information in relation to family member 1 on the system but rather only searched for Danielle Reid and Tracy Reid. When asked if there are 'flaggers' on the system to connect through to other family members; the Social Worker said that there were some warning indicators. Also it was noted that it was not commonplace to ring any named drugs workers to ask about the situation with that person and indeed commented that it would be fair to say it is variable what prompts contact with drug workers for information.

Social Worker 10 received a further phone call from family member 1 on 3<sup>rd</sup> January 2003. There had been a standby referral to Social Work on 1<sup>st</sup> January re Danielle Reid "missing" and that the Police were investigating and searching for her. That afternoon, family member 1 rang to ask if they had found

her. The Social Worker replied, "I don't know anything". Social Worker 10 had then telephoned the Duty Sergeant. The information given to Social Worker 10 by the Police Sergeant at that time was that family member 6 was in a pub. Christopher Gaytor, brother of Lee Gaytor had said that they "had done the child in" or "they murdered her" or something. He had gone to the house with the Police Officer, found Tracy and Lee at the house but couldn't find Danielle. Police interviewed Social Worker 10 on 8<sup>th</sup> January subsequent to the discovery of the body.

That same day the Social Worker was straight back into normal day-to-day duty by which time the office was already down to four or five workers and even more short staffed than before.

Social Worker 10 told me that he had never documented the visit of 29<sup>th</sup> November at the time. When asked by his manager on 8<sup>th</sup> January to write down his recollection of the visit (for purposes of an internal review), he briefly described the details which happened that day. The Social Worker estimated or guessed at that day and guessed incorrectly and therefore documented it as 3<sup>rd</sup> December. At some point later the Social Worker was able to get the correct date from their Social Work colleague from her written time log for her travel expenses. This is why, in the Council Internal Management Review, the date of the visit is documented as 3<sup>rd</sup> December and not 29<sup>th</sup> November. Apparently that erroneous date was also quoted in the newspapers.

After the events, Social Worker 10 felt there was little support available for him. Social Worker 10 stated, "I have been expected to continue working and getting on with what I have to do. My workload increased after the event. My caseload tripled if not quadrupled by the end of January". The one key theme which Social Worker 10 identified that required immediate redress was "stepping up supervision". Social Worker 10 believes that in the Internal Review the Council alluded to the fact that all decisions were made without consultation with his senior or management. According to Social Worker 10 this was not the case as two discussions with the senior had taken place and two discussions with the manager. However none of those supervision notes were recorded and documented so were never submitted to the Council's Internal Review. The Social Worker described two new workers in the team who don't have Social Work qualifications who are on the duty team. That decision happened in April 2003. They allegedly did not receive any training apart from what they got on the job. Social Worker 10 was clear that in Social Work service's attempt to increase staff numbers, that certain things had been revamped. People had been taken away from one team and put into another. The Social Worker stated that there were two trainees in the office who at the time of speaking were unqualified doing the same kind of work as him previously and stated "Why are they there? After what has happened, people there are not only expected to do what I had to do but don't even have a qualification? The people with no Social Work qualification are actually working as "Duty Officers" or "Referral Officers" or "Duty Workers"...or something like that so they are not called Social Workers".

When asked, Social Worker 10 wished two key issues to be raised in recommendations. These were the need for training prior to commencing the job as well as ongoing training and the need for a formalised supervision programme which was not "ad hoc" as the current position in 2003.

## Social Worker 7

Operation's Manager (Children and Families)

I put it to Social Worker 7 that from other interviews I had felt she had a very committed workforce with people under enormous strain and stress, often taking work home at night and working late. I also put it to Social Worker 7 that Social Workers had shown their frustration. They were not able to do Social Work tasks that they wished to do and often were unable to complete tasks. Social Worker 7 felt that this indeed had been a developing trend over a number of years in Social Work due to considerable standardised documentation and reporting systems. Workers perceive that takes them away from face-to-face contact with children and families.

Social Worker 7 said that the Director had meetings about supporting staff and some of these issues had been raised. She herself had gone to one of these meetings. Social Worker 7 described in previous years when she herself worked in an area team, in another authority area. There were huge caseloads, hardly any supervision and very little structure to the work. Whereas in Highland she felt that things had improved immensely and some of the things that the workers were mentioning were in fact protective to some extent to the Social Workers themselves. They would be more able to demonstrate the basis of their decision making and take shared responsibility with their supervisor. Social Worker 7 accepted that Social Workers were not able to visit often, children who had gone through the system and were now "Looked After and Accommodated" (by the local authority). She had recently attended a few meetings with groups of foster carers who were vociferous in their criticism of the Children and Family Team Social Workers, in relation to the lack of visiting.

She had previous experience herself in an area team in another local authority area. In previous years Social Workers had huge case loads, hardly any supervision and very little structure to the work but nowadays, and certainly in Highland, in her view, the supervision had improved immensely. In fact the systems in place were intended to be protective of the Social Workers. Social Workers were also more able as a result to demonstrate the basis of their decision making.

On returning to the issue of those children where concerns have been raised and who may be vulnerable and cannot get an allocated Social Worker, I asked where the buck stopped? Social Worker 7 said that written instructions had been issued to every Children's Services Manager telling them that they must inform her and that they must inform their Director if they were having difficulty allocating cases and that these were top priority. She went on to say that Child Protection registered cases and children looked after and accommodated cases were top priority. They must be allocated and if they were unable to be allocated they had to be reported. Social Worker 7 said that it did not get fed back to her that some of the Child Care Teams were exceptionally under stress. She stated that invariably at monthly supervision sessions, the staffing issue was raised and that staff sometimes talked about morale.

I asked if she felt that children in Inverness were getting an adequate and reasonable current service from Social Work and if not whether that was due to the various types of pressure on Social Work. Social Worker 7 said that she thought they did get an adequate service but had to say that her first hand knowledge of cases would be limited because she was two or three layers of management away from the people actually doing the day-to-day work.

Having said that she did meet regularly with the Area Manager from the area, who she had a lot of faith in, and believed he was very supportive to his front line staff.

In relation to how many children who were vulnerable, may not be getting a service, Social Worker 7 felt that she did not have the evidence for this. One of the ways to achieve that would be via a consistent standardised risk assessment format and the manager stated that had been an outstanding piece of work in Highland for some time.

They had been waiting for the Scottish Executive to deliver on a standardised document which to date had not occurred and therefore felt that they would need now to produce their own Highland version.

When a review was done by an external auditor of decision making at case conferences, there would often be no evidence of any written risk assessment on cases. Social Worker 7 felt that this was mainly because the process at that time was not requiring staff to do it and if staff are not required to do something then they will not make time to do it. Therefore, there is nothing in the paperwork or guidance insisting a risk assessment is conducted. Therefore, when people talk about risks at case conference, the manager did not think this was done in any standardised way.

I then asked Social Worker 7, how could it be beneficial to children to simply reduce the number of registrations of children on the Child Protection Register. Social Worker 7 said that there had not been a push in the Highlands to do this. There had been, in the Highlands, an apparent disproportionate number of children who were registered under a category of emotional abuse. Social Worker 7 agreed direction to de-register was happening elsewhere in some pockets, but there had been no direction to do this in Highland.

I put it to Social Worker 7 that there had been a considerable drop in registrations recently (although a slight pick up again in the figures). She felt that this was due to figures previously not being reliable and in fact not even being terribly reliable at this point (2003).

## Social Worker 8

Director of Social Work

Social Worker 8 agreed that there needed to be much stronger emphasis on standardised needs and risk assessment. She stated that she had been encouraging the Scottish Executive for some time to look more closely at that issue and that resources were being made available in Highland in an attempt to progress it. She also recognised the importance of detailed information sharing between agencies in order to appropriately assess risk, particularly in families who were not known well.

Social Worker 8 also stated that sharing of information between all departments of Social Work was an essential pre-requisite to determination of risk. The current computer system was reported as being decommissioned (2003) but a more up-to-date system was being put in place particularly in relation to facilitating cross referencing of information between departments. The new system would at least flag that there is something else somewhere on the system to go and find out about. Apparently, a computerised database was being developed in the community care setting to attempt to electronically share information between agencies. Social Worker 8's hope and expectation was that if that could be established for community care then it should be able to be established for children.

There was considerable discussion in relation to staff morale, staff numbers and staff training. It was also put to Social Worker 8 that the perception of staff on the ground was that vulnerable children sometimes do not receive allocated Social Workers and priority is given to children on the Child Protection Register. Social Worker 8 was hopeful that vulnerable families would increasingly be identified and managed better through initiatives such as community schools, inter-agency school liaison groups and resourcing through Changing Children's Services Fund. Social Worker 8 was aware that in particular, children with a disability were not always appropriately getting allocated Social Workers and she was looking into that problem.

At the time, Social Worker 8 was quite upbeat about the progress that had been made in Highland Social Work Services since her appointment in 1999. Resources to Social Work Services had apparently approximately doubled to around twelve million pounds per annum. Social Worker 8 felt that, even though recruitment to Highland was an on-going problem; innovative measures had been instigated to avoid crisis such as appointing trainees who would become fully qualified Social Workers within a few years. This of course meant pressure on the role and responsibilities of managers and others within Social Work teams which therefore created a necessity to adapt to considerable change.

She noted there had been recruitment difficulties. She particularly felt that too many people had been recruited from overseas at the one time, and therefore required more intensive induction into Teams. She also stated that redeployment in the Highland area was more difficult due to geographical issues and long distances involved than in other areas where she had worked. She stated that at the time of the call in relation to Danielle Reid that the Worker perhaps was not clear enough on what was expected

from Senior Management in the Team (relating to the 2002 call). In relation to the November 2001 call to Social Work, Social Worker 8's view was that the Police should perhaps have been alerted at an earlier stage and there should have been a Home Visit at a much earlier stage. She stated that this has been strongly reinforced to staff since that time.

Regarding Social Work's response to anonymous calls Social Worker 8 suggested there was a danger that staff can react to the fact that the call is anonymous rather than gathering the facts in the routine usual manner. She felt that the issue of anonymous call responses should be strongly reinforced by training in the future.

In relation to Social Work's knowledge of the perpetrator, Social Worker 8 had, when once notified of the death, sought out the Social Inquiry Report on Lee Gaytor provided by Social Work to Dornoch Sheriff Court in 1997. The Social Worker apparently described Lee Gaytor at that time as someone who got himself into things too deep and couldn't get out. Social Worker 8 noted that it was possible that he kept offending without being charged or apprehended but he had certainly not come through the Social Work Criminal Justice System Network, although it was quite possible that Police would know but that Social Work Criminal Justice would not.

I asked Social Worker 8 about potential destruction or loss of Social Work records in Moray. She wondered if in fact the records may have been destroyed, as Tracy Reid was never a "Looked After and Accommodated Child". There were apparently National standards in relation to Social Work record keeping or archiving pertaining to Looked After and Accommodated Children but I could not elicit from Social Worker 8 any criteria pertaining to other children's records.

Social Worker 8 expressed her own reservations in relation to the computerised recording system for Social Work and the ability to cross link information from different departments within Social Work. She stated a culture was required within the Department as a whole to search for other records / information in different departments.

In relation to standardised needs and risk assessment Social Worker 8 said there was much diversity in practice and there was evidence in relation to varying percentages of children being registered when a case conference was called in different areas in Highland. She stated that this was further evidence of the need for standardised needs and risk assessment. She did nevertheless state that it was untrue for staff to say or imply that allocation of Social Workers was difficult particularly if the child was not on the Child Protection Register or under statutory supervision. She said she asked staff to inform her of such difficulties with allocation but that it was quite difficult to get that information from her staff. She stated that she had tried to bring a greater managerial culture into managing scarcity and to do that effectively. She stated for example that if someone was not able to get a service that this case should no longer be open as there was no point in having a case open with nothing happening.

In relation to information sharing in general Social Worker 8 felt there needed to be a clear directive (particularly for Health staff).